



NEW MINISTRY PROFILE

Application for field entry in the year : _____

Intended Field Name: _____ Date Prepared: _____
MM/DD/YYYY

Region/Synod: _____ City: _____ State: _____

Site Location – Primary intersection of Proposed Service Area

Primary zip code to be served: _____ Secondary zip code to be served: _____

Projected entry date: _____ Projected number of years to organization: _____
MM/YYYY

Size of worship attendance at organization: _____ Charter membership at organization: _____

Anticipated membership of congregation in 10 years: _____ Congregation Under Development

Projected years to financial self reliance: _____ Alternate Worshipping Community

Alternate Worshipping Site

REQUIRED SIGNATURES

Prepared and Submitted by: _____ Date: _____
SIGNATURE MM/DD/YYYY

Approval by Mission Table: _____ Date: _____
SIGNATURE MM/DD/YYYY

Approval by Director for Evangelical Mission: _____ Date: _____
SIGNATURE MM/DD/YYYY

FOR CHURCHWIDE OFFICE USE ONLY

A.) Endorsement by Review Table: _____ Date: _____
SIGNATURE MM/DD/YYYY

B.) Unit Approval Sent to Synod by: _____ Date: _____
SIGNATURE MM/DD/YYYY

Electronic files will be sent to Newstarts@elca.org by hitting the 'SUBMIT' button at the end of this document.

I. AREA POTENTIAL

A. Describe the primary service area's target population characteristics:

Link to: MapQuest.com

Attach **ONLY** a single map locating the primary service area, major housing developments, etc.

1. a. Target population by ethnicity: _____
- b. Socio-economic level of target population is: _____
- c. Site location is primarily: _____
- d. Ministry emphasis: _____

2. List percentage of population by race or ethnic culture:

Ethnic Culture	Percent	Number

3. What is the radius you are using for your service area? _____

a. Population summary and projections:

	Ten years ago	Five years ago	Present	Five years from now	Ten years from now
Total Population					
Target Population					

Source of data for above summary/projections: _____

b. School enrollment:

	Present	Projected — Next School Term
Elementary		
Intermediate		
Senior High		

Number of schools build in the past three years: _____

Number of schools proposed to be built in the next three years: _____

List factors affecting population growth/change in the target population(s).

Percent of population in service area who are Lutheran: _____

Percent of county population in service area who are unchurched: _____

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B. List:

1. Full Communion Partners and
2. others doing significant ministry among the target population(s).

3. What other churches are starting a new ministry in this area?

4. List the four closest Lutheran churches.

Name of Congregation	Total membership	Avg. worship attendance	Distance from proposed site	Denomination

C. Identify key assets already present in the primary service area that can contribute to this work; e.g. library, community centers, YMCA, faith-based organizations, schools, etc.

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1. List special social ministry needs in the primary service area, especially those unmet.

II. CLEAR VISION AND OWNERSHIP

A. Describe your vision by answering the following questions:

1. What are the most compelling reasons why the ELCA should develop this new ministry; in this area; at this time?

2. What is going to happen? What will be the result?

3. In what ways does this new ministry initiative fit with the Synod's mission strategy?

B. Provide a one-page narrative to be used for public relations/funding purposes.

C. Consultations held endorsing this mission start (Required):

- | | |
|--------------------------------------|---------------------------|
| 1. With local Conference or Cluster: | Date: _____
MM/DD/YYYY |
| 2. With Synod Mission Table: | Date: _____
MM/DD/YYYY |
| 3. With Ecumenical Partners: | Date: _____
MM/DD/YYYY |

For ethnic-specific starts

- | | |
|---|---------------------------|
| 4. With Synodical Ethnic Strategy Team: | Date: _____
MM/DD/YYYY |
| 5. With Churchwide Ethnic Consultants: | Date: _____
MM/DD/YYYY |
| 6. Name: _____ | Date: _____
MM/DD/YYYY |
| 7. Name: _____ | Date: _____
MM/DD/YYYY |
| 8. Name: _____ | Date: _____
MM/DD/YYYY |

III. OUTREACH MINISTRY PLAN

A. Model of Ministry (indigenous, contextual approach to this ministry):

Is this out of an existing ministry? Yes No

Congregation Name: _____ Congregation Number: _____

Is there a Covenant of Agreement for use of the church building? Yes No

IV. LEADERSHIP SELECTION

A. Briefly state any unique qualifications and skills required in the Mission Developer for this ministry.

B. Is the search process underway through the Leadership office in the Domestic Mission?

Yes Not Yet

C. Name of potential candidate(s), if any:

Name	Has pre-screening been completed?	Interview scheduled?	Recommended by Selection Interview Process?
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

V. FUNDING THE NEW START

A. The Developer's package source:

1. Who will be the fiscal agent (Organization handling salary and benefits for the mission developer)?

Note: Information on the right can only be entered for the selected fiscal agent

A local congregation **Congregation Name:** _____

Congregation Number: _____ **Contact Person:** _____

The synod **Synod:** _____

Contact Person: _____

Contact Email: _____ **Phone:** _____

Other **Organization Name:** _____

Address: _____

LINE 1

LINE 2

CITY/TOWN

STATE

POSTAL CODE

Contact Person: _____ **Phone:** _____

Contact Email: _____

2. Has Fiscal Agent received:

a. packet of DM materials for Fiscal Agents Yes No

b. initial training by the DEM Yes No

B. Developer's Package:

Working format, subject to change and to be negotiated with the Director for Development of New Congregations

Salary per synod guidelines	
Housing (if applicable)	
Benefits per Portico (Pension, Health, Dental, Other)	
Auto Allowance (First 2 quarters)	
Continuing Education (per year / does not carry over)	
TOTAL (Approximate)	

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C. Funding:

1. Funding Sources for Developer's Salary Package (To be sent to the Fiscal Agent)

	Year	Year	Year	Mission Founders Letter of Intent Attached?
Mission founders – Synod				<input type="checkbox"/> Attached <input type="checkbox"/> No
Mission Founders Cluster/Conference				
				<input type="checkbox"/> Attached <input type="checkbox"/> No
				<input type="checkbox"/> Attached <input type="checkbox"/> No
Mission founders – Congregations				
				<input type="checkbox"/> Attached <input type="checkbox"/> No
				<input type="checkbox"/> Attached <input type="checkbox"/> No
				<input type="checkbox"/> Attached <input type="checkbox"/> No
				<input type="checkbox"/> Attached <input type="checkbox"/> No
Mission founders – Other				
				<input type="checkbox"/> Attached <input type="checkbox"/> No
				<input type="checkbox"/> Attached <input type="checkbox"/> No
Developing Congregation - Salary Reimbursement to fiscal agent				
Domestic Mission				
Total				
				* Note that this amount should be the same as the DEVELOPER'S PACKAGE TOTAL on the previous page. That total is indicated at the right.

2. Funding Sources for Start-up Costs (To be sent directly to the ministry or to the fiscal agent.)

a. Project start-up costs:

(including approximately \$1000 for coaching and rental of worship facility, if applicable.) _____

b.

	Dollars per Year	Number of Years
Synod Start-up Funds		
Mission Partners Committed (For publicity, rental space, worship leaders and materials, program items, etc.)		
Other sources (please identify)		
Total		

D. Organization Projections:

Projected date of organization: _____
MM/DD/YYYY

1. Project Partnership Support needed the FIRST YEAR following organization: _____

2. Project the number of years Partnership Support will be needed after organization: _____

VI. SUPPORT MECHANISMS

A. How will you set up the supervision process with the mission developer and the leadership team/service committee?

B. What is the plan for on-going review of this ministry?

C. The Director for Evangelical Mission commits to secure:

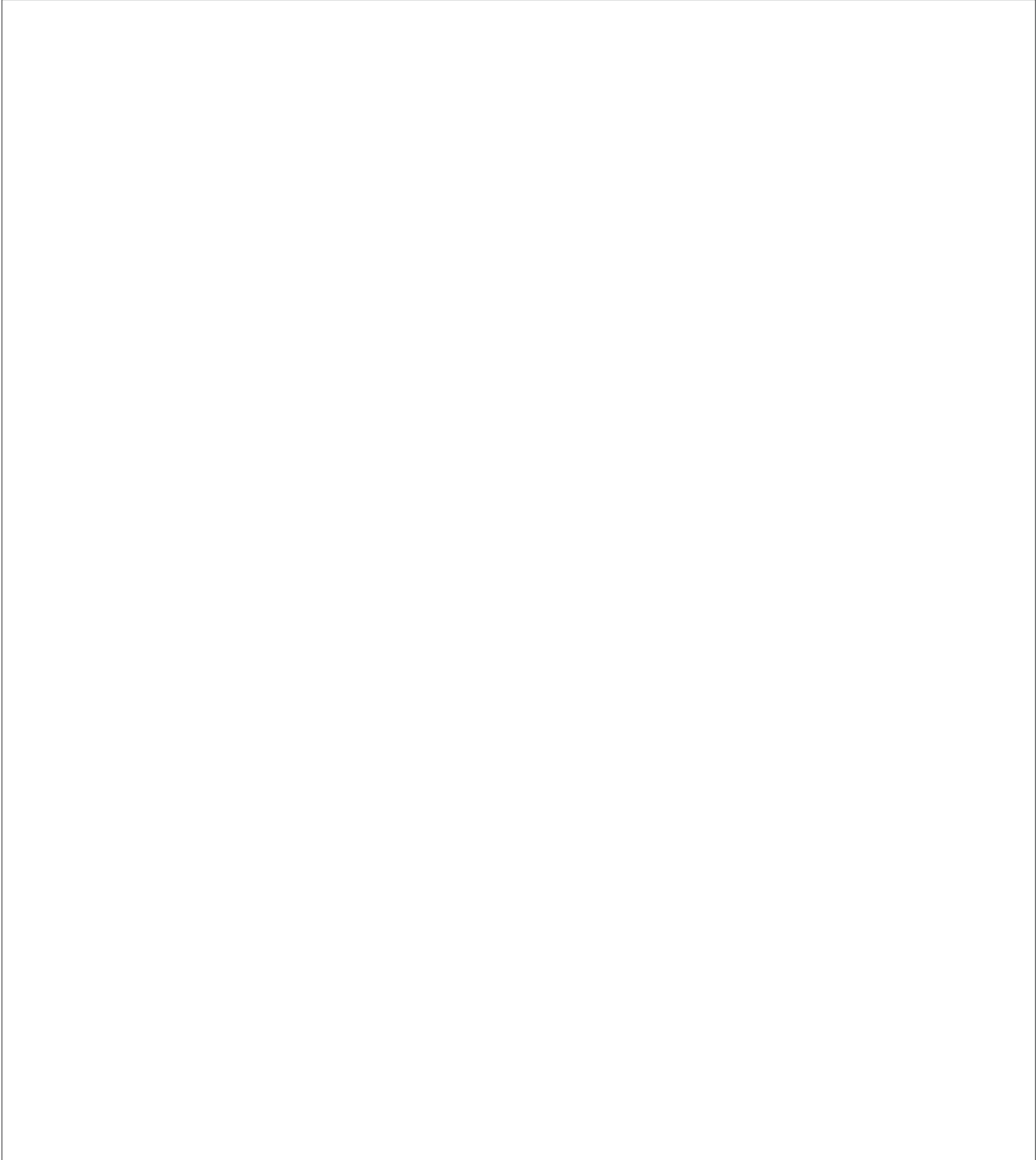
- 1. A coach for the developer. Yes No
- 2. Any other costs related to coaching. Yes No

D. What other support will be available to this mission developer? What is the coaching plan?

E. How will you set up a network for prayer, encouragement and volunteer support for this developer?

NEW MINISTRY PROFILE

This page is provided for the one page narrative requested on page 4. The narrative is to be used for public relations and funding purposes.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to write a one-page narrative for public relations and funding purposes.